Idaho Disease
BULLETIN

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Influenza Update

Vaccine Shortage: 2004-2005 season

On October 5, 2004, CDC was notified by Chiron Corporation that none of its trivalent inactivated flu vaccine (Fluvirin®) would be available for distribution in the United States for the 2004-05 influenza season. This will reduce the expected supply of vaccine in the United States this year by approximately one half.

In May the 2004 Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP) *(*MMWR 28 May 2004; 53[RR06]:1-40*)* was published and can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm. In light of the shortage, a new vaccine usage prioritization scheme was agreed upon during an emergency meeting of ACIP on October 5, 2004.

Provider Participation

Federal and state health officials encourage healthcare providers to follow the new prioritization guidelines in an effort to protect the most vulnerable members of the population during this shortage.

The following represent the revised priority groups for the 2004-05 season:

- all children aged 6-23 months,
- adults aged ≥ 65 years,
- persons aged 2-64 years with underlying chronic medical conditions,
- all women who will be pregnant during influenza season,
- residents of nursing homes and long-term care facilities,
- children 6 months-18 years of age on chronic aspirin therapy,
- health-care workers with direct patient care, and
- out-of-home caregivers and household contacts of children aged < 6 months.

Healthy persons who are 5-49 years of age and not pregnant, including health-care workers (except those who care for severely immunocompromised patients in special care units) and persons caring for children aged < 6 months should be encouraged to be vaccinated with intranasally administered live, attenuated influenza vaccine.

As the season progresses, if you find that you are no longer able to provide vaccine to persons in the priority groups identified above, you may consider providing them with the following vaccine locator website: http://www.findaflushot.com/lungusa/

Persons who are not included in one of the priority groups above should be informed about the urgent vaccine supply situation and asked to forego or defer vaccination.

Many children aged < 9 years require two doses of vaccine if they have not previously been vaccinated. All children at high risk of complications from influenza, including those aged 6-23 months, who present for vaccination should be vaccinated with a first or second dose, depending on vaccination status. However, doses should not be held in reserve to ensure that two doses will be available. Rather, available vaccine should be used to vaccinate persons in priority groups on a first come first served basis.

More inside:

Influenza Vaccine Components, 2004-05

- A/Fujian/411/2002 (H3N2)-like
- A/New Caledonia/20/99 (H1N1)-like
- B/Shanghai/361/2002-like

For more information, visit www.cdc.gov/flu

Influenza Surveillance in Idaho

Preparations are underway in Idaho to enhance influenza surveillance for both influenza-like illness (ILI) and circulating virus for the 2004-05 season. Surveillance is a tool to monitor the presence of virus, the circulating strains, and how widespread infections are in the state. Surveillance is important to determine if influenza vaccine strains match the circulating strains and also to detect novel virus strains that might cause a pandemic. Mortality rates are assessed through death certificates. Pediatric deaths will be investigated thoroughly.

Influenza-like Illness Surveillance: Sentinel Providers Needed in Idaho

The Centers for Disease Control and Prevention collect data from sentinel healthcare providers nationwide through a web-based reporting system. Data collected include the number of patients seen weekly for an influenza-like illness (ILI). We would like to increase sentinel provider participation statewide. Year-round ILI reporting aids in detecting the start of the influenza season or, potentially, a pandemic. Call the Idaho State Office of Epidemiology and Food Protection, 208-334-5939, if you are interested in participating as a national influenza surveillance sentinel.

Laboratory Surveillance

Culture and subtyping of samples throughout the influenza season aids in identifying the specific viruses circulating, determining how much protection can be expected from the season's vaccine, and planning the subsequent season's vaccine. The Idaho State Bureau of Laboratories (IBL) depends upon health care providers in Idaho to provide clinical specimens for culture and sub-typing year-round. IBL will provide free collection kits and free testing to health care providers for a sampling of clinical isolates each year. Viral isolates are screened with a panel of monoclonal antibodies that will identify not only Influenza A and B, but also Parainfluenza 1,2,3, Respiratory Syncytial Virus, and Adenovirus. The submission and culturing of specimens collected early and out of season that are positive on a rapid influenza test or are negative but the provider has a high clinical suspicion for flu, is an important aspect of normal and pandemic influenza surveillance.

If you would like to have more information about the IBL Influenza Surveillance Program or would like to receive collection kits, please contact the Virology/Serology section at 208-334-2235 or e-mail greenwac@idhw.state.id

Isolation and Quarantine in Idaho

The term "quarantine" brings to mind typhoid fever epidemics and ancient plagues. Yet quarantine, like isolation, continues to be a tool available for use by public health officials today. Although orders of isolation have been used in recent years to assist in ensuring that persons with infectious tuberculosis do not get lost to follow-up, a new law, passed by the 2003 Idaho legislature, clarifies this authority. Recently, this new law was put to use when an order of isolation was written for a patient with infectious tuberculosis who was a possible flight risk.

The terms quarantine and isolation are used in varying ways by different states and the CDC. Idaho law defines legal isolation as separation of infected persons from others to prevent spread of an infectious agent. Quarantine is defined as restriction to or from a place or premises where an infectious agent or hazardous material exists. This means a person is isolated, but a place or premises is quarantined. In either a disease outbreak or contamination of a site by an infectious agent, both isolation orders and quarantine orders could be issued by the health department.

How does this affect you? If you are treating a person with a communicable illness, particularly one that could harm others if the person were to leave the area (for example, tuberculosis, measles, or Severe Acute Respiratory Syndrome (SARS)), you may wish to communicate your concern to your district or state health department. We may issue an order of isolation if we are aware that the patient is a flight risk or if the stakes are high if the person does not agree to voluntary isolation until no longer contagious. A patient may be isolated at home or in a medical facility. If isolation orders are defied, we have legal recourse for further action. In all cases, the

least restrictive manner which enables protection of the public would be used; in most cases, patients with infectious diseases are very eager to comply and not spread their illness to others, and voluntary isolation is effective.

Genital Ulcer Disease (GUD)

In May and June, 2004, two presumptive cases of chancroid were diagnosed in Idaho. Historically, chancroid is a rare genital ulcer disease (GUD) in Idaho, last reported in 1993. In addition, the number of syphilis cases in Idaho is currently the highest since 1991. Couple these recent developments with an estimated genital herpes simplex virus (HSV) infection prevalence of 50 million persons in the United States, and it becomes prudent for clinicians to be familiar with the various causes, available tests, and clinical characteristics of GUD.

Genital ulcer disease can be caused by several pathogens; therefore GUD can be difficult for clinicians to diagnose. The *Practitioner's Handbook for the Management of STDs* may be a useful resource and can be accessed at: http://depts.washington.edu/nnptc/online_training/std_handbook/index.html. The table below is an excerpt from this handbook. CDC treatment guidelines can be accessed at http://www.cdc.gov/STD. Genital ulcers caused by syphilis, herpes, and chancroid serve as a portal for HIV and have been associated with an increased risk of infection. HIV testing is recommended for all patients with syphilis and chancroid, and should be considered in patients with HSV.

CLINICAL CHARACTERISTICS OF SELECTED SEXUALLY TRANSMITTED GENITAL ULCERS

	Primary HSV	Recurrent HSV	Syphilis	Chancroid
PRIMARY LESION	Vesicle, papules, ulcers, typically bilateral	Grouped vesicles, papules, ulcers, typically unilateral	Ulcer, papule	Ulcer, papule
BORDER	Erythematous, "punched out"	Erythematous, "punched out"	Sharply demarcated	Violaceous, undermined
DEPTH	Superficial	Superficial	Superficial	Excavated
BASE	Red and smooth	Red and smooth	Red and smooth	Yellow to gray exudate
SECRETION	Serous	Serous	Serous	Purulent to hemorrhagic
NUMBER OF LESIONS	Bilateral, multiple, extensive lesions may coalesce	Usually unilateral, multiple clustered lesions	Usually one; occasionally multiple	Usually one to three; may be multiple
GENITAL DISTRIBUTION	**Women**: labia (bilateral), cervix, urethra, perianal **Men**: penis, urethra, rectum	Usually unilateral; labia, penis, scrotum, buttocks, perianal	Vulva, penis, anal, perianal, oral	Penis, vulva
INDURATION	None	None	Firm	Rare; usually soft
PAIN	Common	Common, less severe	Rare	Often
ITCHING	Common	Common	Rare	Rare
LYMPH NODES	Tender, firm, bilateral inguinal adenopathy	Lymphadenopathy uncommon, unilateral	Nontender, firm, enlarged	Tender, enlarged, may suppurate
INCUBATION PERIOD	2-14 days	Recurrence within 6-9 months of primary infection	10-90 days	1-14 days
TIME COURSE	21 days	7-10 days	2-3 weeks	2-3 weeks

Treatment of STD patients is not complete until management of their partners has been ensured.
The GUDs syphilis and chancroid are reportable in Idaho. District Health departments follow up on partners of syphilis, chancroid, and HIV/AIDS case patients to assure treatment and referral.
The Idaho STD/AIDS Program provides training opportunities for clinicians. For a current schedule of upcoming educational opportunities contact the Idaho STD/AIDS program at 208-334-6527.

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ROUTINE PHYSICIAN 24-HOUR DISEASE REPORTING LINE: 1-800-632-5927
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